

Asbestos Training Provider Recognition Application AAC-3 Louisiana Department of Environmental Quality

OES Air Permits Division - Manufacturing Section P.O. Box 4313 Baton Rouge, LA 70821-4313 (225) 219-0841 FAX (225) 219-3156

DEQ Use Only		
Check No.	AI No.	
Date	Amount	

**Please Note: Applications are not being accepted for Out-of-State Training Providers unless the Out-of-State training provider has a training facility located within the state.

Trainer Provider Recognition No.	Al No	
I. Applicant Information: (please print or type)		
Training Provider Name:		☐ Initial ☐ Renewal
Contact Person:	Title:	E-mail:
Business Address:		
City:	State:	Zip:
Phone: ()	Fax: ()	
I. Fees: Effective July 1, 2003 Normal Proc Emergency		
II. Are you recognized or approved by any other s If yes, specify state and name of company:		
V. Indicate discipline(s) for which company is see ☐ Management Planner ☐ Supervisor		☐ Refresher er ☐ Worker
ist location(s) and description of facilities where	course(s) will be offered:	
Location Facility Description		Description
V. Description of equipment available for hands-o	n-training:	
VI. List the names of the principal instructors and	contact information:	
Name	<u>Telephone No.</u>	Email Address:
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/II. Certification: I do hereby certify that I will of a. The training provider meets the minimum reb. Each instructor meets the qualifications described. EPA-authorized model training materials will	quirements established in LAC 33.III ribed in LAC 33.III. Appendix A. Se	I. Appendix A Section F. ection F.d.
-		C 7 11
Signed: (Training Manager/Owner/Representative)		(Date)

VIII. Submit application materials and appropriate fees to the address above.